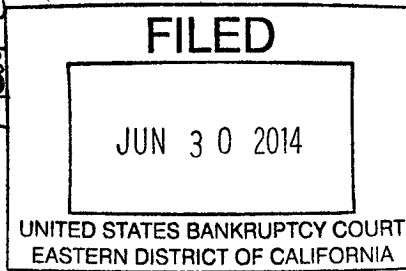


(3)

msm



14-90948

☐ Check if this is an amended filing

Fill in this information to identify your case:

Debtor 1 Melvin — Jones Jr.
First Name Middle Name Last Name

Debtor 2 N/A
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____
(State)

Case number _____
(If known)

Official Form B 3B

Application to Have the Chapter 7 Filing Fee Waived

06/14

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: Tell the Court About Your Family and Your Family's Income

1. What is the size of your family?

Your family includes you, your spouse, and any dependents listed on Schedule J: Current Expenditures of Individual Debtor(s) (Official Form 6J).

Check all that apply:

- ☒ You
☐ Your spouse
☐ Your dependents

0
How many dependents?

1
Total number of people

2. Fill in your family's average monthly income.

Include your spouse's income if your spouse is living with you, even if your spouse is not filing.

Do not include your spouse's income if you are separated and your spouse is not filing with you.

Add your income and your spouse's income. Include the value (if known) of any non-cash governmental assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

If you have already filled out Schedule I: Your Income, see line 10 of that schedule.

That person's average monthly net income (take-home pay)

You \$ 0

Your spouse ... + \$ _____

Subtotal..... \$ _____

Subtract any non-cash governmental assistance that you included above.

— \$ _____

Your family's average monthly net income

Total..... \$ 0

3. Do you receive non-cash governmental assistance?

- ☒ No
☐ Yes. Describe.....

Type of assistance

Food STAMPS NON CASH

4. Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months?

- ☒ No
☐ Yes. Explain.....

5. Tell the court why you are unable to pay the filing fee in installments within 120 days. If you have some additional circumstances that cause you to not be able to pay your filing fee in installments, explain them.

I am on government food aid, and MEDICAL, I HAVE NO INCOME & HAVE ASTHMA CONDITION

4

Debtor 1

Melvin ~ Jones JR.
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Monthly Expenses**6. Estimate your average monthly expenses.**

Include amounts paid by any government assistance that you reported on line 2.

\$ 380^{KK}

If you have already filled out *Schedule J, Your Expenses*, copy line 22 from that form.

7. Do these expenses cover anyone who is not included in your family as reported in line 1?☒ No☐ Yes. Identify who**8. Does anyone other than you regularly pay any of these expenses?**☒ No☐ Yes. How much do you regularly receive as contributions? \$ _____ monthly

If you have already filled out *Schedule I: Your Income*, copy the total from line 11.

9. Do you expect your average monthly expenses to increase or decrease by more than 10% during the next 6 months?☒ No☐ Yes. Explain**Part 3: Tell the Court About Your Property**

If you have already filled out *Schedule A: Real Property (Official Form B 6A)* and *Schedule B: Personal Property (Official Form B 6B)*, attach copies to this application and go to Part 4.

10. How much cash do you have?

Examples: Money you have in your wallet, in your home, and on hand when you file this application

Cash:

\$ 7.^{KK}**11. Bank accounts and other deposits of money?**

Examples: Checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, and other similar institutions. If you have more than one account with the same institution, list each. Do not include 401(k) and IRA accounts.

Checking account:

Institution name:

N/A

Amount:

\$ 0

Savings account:

N/A\$ 0

Other financial accounts:

\$ _____

Other financial accounts:

\$ _____

12. Your home? (if you own it outright or are purchasing it)

Examples: House, condominium, manufactured home, or mobile home

805 Tully Rd # 7
 Number Street
Modesto, Ca. 95350
 City State ZIP Code

Current value:

\$ 40,000

Amount you owe on mortgage and liens:

\$ 0**13. Other real estate?**

N/A
 Number Street
 City State ZIP Code

Current value:

\$ N/A

Amount you owe on mortgage and liens:

\$ N/A**14. The vehicles you own?**

Examples: Cars, vans, trucks, sports utility vehicles, motorcycles, tractors, boats

Make: N/A
 Model: _____
 Year: _____
 Mileage: _____
 Make: _____
 Model: _____
 Year: _____
 Mileage: _____

Current value:

\$ N/A

Amount you owe on liens:

\$ N/A

Current value:

\$ N/A

Amount you owe on liens:

\$ N/A

Debtor 1 Melvin Jones JR.
 First Name Middle Name Last Name

Case number (if known) _____

15. Other assets?

Describe the other assets:

Current value: \$ 0

Do not include household items and clothing.

N/A

Amount you owe on liens: \$ _____

16. Money or property due you?

Examples: Tax refunds, past due or lump sum alimony, spousal support, child support, maintenance, divorce or property settlements, Social Security benefits, Workers' compensation, personal injury recovery

Who owes you the money or property?

How much is owed?

Do you believe you will likely receive payment in the next 180 days?

Sedgwick WALNUT CREEK
ph # 925-988-1539
Maureen
(WORKER COMP)

\$ 3,000⁺
(NOT SURE OF AMOUNT)

☒ No

☐ Yes. Explain:

I think such requires COURT Approval
.. CASE WAS ORIGINALLY DENIED.

ALSO: COUNTY OF SANTA CLARE
(WORKER COMP. - ASTHMA ALLEGED DENIED DUE TO LATE FILING)

Part 4:

Answer These Additional Questions

17. Have you paid anyone for services for this case, including filling out this application, the bankruptcy filing package, or the schedules?

☒ No

☐ Yes. Whom did you pay? Check all that apply:

☐ An attorney

☐ A bankruptcy petition preparer, paralegal, or typing service

☐ Someone else _____

How much did you pay?

\$ _____

18. Have you promised to pay or do you expect to pay someone for services for your bankruptcy case?

☒ No

☐ Yes. Whom do you expect to pay? Check all that apply:

☐ An attorney

☐ A bankruptcy petition preparer, paralegal, or typing service

☐ Someone else _____

How much do you expect to pay?

\$ _____

19. Has anyone paid someone on your behalf for services for this case?

☒ No

☐ Yes. Who was paid on your behalf? Check all that apply:

☐ An attorney

☐ A bankruptcy petition preparer, paralegal, or typing service

☐ Someone else _____

Who paid?

Check all that apply:

☐ Parent

☐ Brother or sister

☐ Friend

☐ Pastor or clergy

☐ Someone else _____

How much did someone else pay?

\$ _____

20. Have you filed for bankruptcy within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
 MM/ DD/ YYYY

District _____ When _____ Case number _____
 MM/ DD/ YYYY

District _____ When _____ Case number _____
 MM/ DD/ YYYY

Part 5:

Sign Below

By signing here under penalty of perjury, I declare that I cannot afford to pay the filing fee either in full or in installments. I also declare that the information I provided in this application is true and correct.

[Signature]
 Signature of Debtor 1

N/A
 Signature of Debtor 2

Date 06 28 2014
 MM / DD / YYYY

Date N/A
 MM / DD / YYYY